

SE NW NE SE

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Sedgewick	NE 1/4 NE 1/4	33	27S	1E

Distance and direction from nearest town or city street address of well if located within city?

1526 E. Clark St.

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	Kem Borazill	Application Number:
	RR#, St. Address, Box #: 4007 W. 116th	
	City, State, ZIP Code : Wichita, KS 67212	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL.....ft.														
	N		WELL'S STATIC WATER LEVEL.....ft.														
	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td>N W</td><td></td><td>N E</td></tr> <tr><td>W</td><td></td><td>X E</td></tr> <tr><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td></tr> </table>				N W		N E	W		X E	S W		S E				
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W		X E															
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	S		WELL WAS USED AS:														
			<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....		
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			Was a chemical/bacteriological sample submitted to Department? Yes....No..X														
			If yes, mo/day/yr sample was submitted.....														
			Water Well Disinfected: Yes..... No.....														

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter.....in.										
	Was casing pulled? Yes..... No..X If yes, how much.....										
	Casing height above or below land surface.....in.										

6	GROUT PLUG MATERIAL:																				
	<table border="0"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 Bentonite</td> <td>4 Other.....</td> </tr> </table>	1 Neat cement	2 Cement grout	3 Bentonite	4 Other.....																
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	Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? 15ft																				
	How many feet? South																				

FROM	TO	PLUGGING MATERIALS
30	15	gravel
15	3	Cement
3	0	top soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-5-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318 This Water Well Record was completed on (mo/day/year) 11-6-97 under the business name of, Werning Drilling Inc.
	by (signature) Michelle Gorge

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.